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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : SEAN R. HEISE

Group No. 3673

SERIAL NO. : 10/029,763

FILED : October 29, 2001

TITLE : AN ULTRASONIC REVASCULIZER

REQUEST FOR CORRECTION TO FILING RECEIPT

Commissioner of Patents and Trademarks
Office of Initial Patent Examination's Customer Service Center
Washington, D.C. 20231

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Dear Sir:

This is to advise that the filing receipt dated February 7, 2002, for the above identified application contains an error. Mr. Heise's city of residence is "St. Petersburg, FL" rather than "Petersburg, FL."

The attorney listed below would appreciate receiving a corrected filing receipt.

Respectfully submitted,

DENNIS L. THOMTE
Registration No. 22,497
THOMTE, MAZOUR & NIEBERGALL
Attorneys of Record



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CERTIFICATE OF MAILING

I hereby certify that the original of this Request for Correction to Filing Receipt for Serial No. 10/029,763 was mailed by first class mail, postage prepaid, to the Commissioner of Patents and Trademarks, Attn: Office of Initial Patent Examination's Customer Service Center, Washington, D.C. 20231, on this 8th day of March, 2002.

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 10/029,763 | 10/29/2001 | 3763 | 370 | | 3 | 5 | 1 |

CONFIRMATION NO. 4720

22885
MCKEE, VOORHEES & SEASE, P.L.C.
801 GRAND AVENUE
SUITE 3200
DES MOINES, IA 50309-2721

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OC000000007443716

Date Mailed: 02/07/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Sean R. Heise, Petersburg, FL;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/07/2002

Projected Publication Date: 05/01/2003

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Ultrasonic revascularizer

Preliminary Class

604

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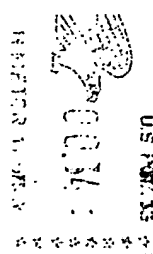
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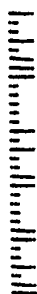
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Bib Data Sheet

CONFIRMATION NO. 4720

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|--|---|--|---|----------------------------|--------------------------|--------------------------------|
| SERIAL NUMBER 10/029,763 | FILING DATE 10/29/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. | | |
| APPLICANTS Sean R. Heise, St Petersburg, FL; | | | | | | |
| ** CONTINUING DATA ***** | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/07/2002 | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY FL | SHEETS DRAWING 3 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 1 |
| ADDRESS 22885 | | | | | | |
| TITLE Ultrasonic revascularizer | | | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |